

HEALTH & SAFETY RISK ASSESSMENT FORM

STUDIO MAKE-UP ROOM

Production Title:	
Production Manager:	
Health & Safety Rep.:	
Form completed by / Date:	/

Step 1			Step 2	Step 3	Step 4	Step 5
What are the hazards/risks?			Who might be harmed and how?	What are you already doing?	What further action is necessary?	How will you put the assessment into action? And by when?
Are there enough fully adjustable chairs with headrests?	Yes	No				
Are the mirrors well lit?	Yes	No				
Is there sufficient lighting?	Yes	No				
Is the room well ventilated?	Yes	No				
Is the flooring non-slip?	Yes	No				
Is carpet or flooring worn? Are there any edges / trip hazards?	Yes	No				
Are there suitable bins: one for rubbish, one for hazardous waste and one small container for sharps?	Yes	No				
Is there a lockable container to store hazardous / flammable products?	Yes	No				
Is there plenty of storage for equipment and consumables?	Yes	No				
Is there hot and cold running water available in the room?	Yes	No				
Is there a toilet within easy reach?	Yes	No				
Are there any known allergies in your make-up crew or cast?	Yes	No				

REVIEW DATE: _____